



Incident Report

Print Date/Time: 07/29/2016 11:23

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00014652

Incident Date/Time: 7/27/2016 6:21:00 PM
Location: VERNON RD / LUNDEEN PKWY
LAKE STEVENS WA 98258
Phone Number: (425) 876-5522
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

| Unit | Personnel |
|------|----------------|
| 19N2 | SS0112-Warbis |
| 19N3 | SS0135-Parnell |
| 19R1 | SS0142-Bassett |

Person(s)

| No. | Role | Name | Address | Phone | Race | Sex | DOB |
|-----|-----------------|-------------------------|--|----------------|-------|---------|------------|
| 1 | Reporting Party | SCHERER, JENNIFER MARIE | 11103 23RD PL Lake Stevens WA 982588415 | | | Female | 02/22/1979 |
| 1 | Driver | SCHERER, JENNIFER MARIE | 11103 23RD PL Lake Stevens WA 982588415 | | | Female | 02/22/1979 |
| 2 | Driver | KOUMAROS, BRANDON M | 7729 29TH PL Marysville WA 98270 | | | Unknown | |
| 1 | Involved Party | MOSER, ZACHARY ALAN | 27 118TH DR Lake Stevens WA 982588682 | | | Male | 02/23/1996 |
| 3 | Driver | LAPINSKY, COREY DONALD | 11163 31ST ST Lake Stevens WA 982588210 | (310) 709-2793 | | Male | 09/20/1975 |
| 4 | Driver | PRICE, TOVE GRO | 11109 23RD PL Lake Stevens WA 982588415 | (425) 232-9507 | White | Female | 08/12/1953 |

Vehicle(s)

| Role | Type | Year | Make | Model | Color | License | State |
|------|------|------|------|-------|-------|---------|-------|
|------|------|------|------|-------|-------|---------|-------|

Disposition(s)

| Disposition | Count |
|-------------|-------|
| S | 1 |
| R | 1 |

Property

| Date | Code | Type | Make | Model | Description | Tag No. | Item No. |
|------|------|------|------|-------|-------------|---------|----------|
|------|------|------|------|-------|-------------|---------|----------|

CAD Narrative

07/27/2016 : 18:32:46 SP0226 Narrative: 4 GRN 1 YEL

07/27/2016 : 18:30:28 SP0226 Narrative: INV

07/27/2016 : 18:29:15 SP0400 Narrative: roundabout at lake drive at lundeen

07/27/2016 : 18:25:30 SP0411 Narrative: DIFF RP WITNESSED, BLK PC HIT VEH, CAUSED DOMINO EFFECT, LAST VEH HIT WAS GRN PC. AMBER LOHNES PH 425.263.7688. LR411

07/27/2016 : 18:25:16 SP0400 Narrative: difficulty breathing

07/27/2016 : 18:23:39 SP0307 Narrative: 4 VEHs, NON BLKING, RP REFUSING TO GIVE VEH DESCRIPTIONS

07/27/2016 : 18:22:44 SP0307 Narrative: REAR END, CHEST WALL PX

COLLISION REPORT



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E567524**

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|--------------------------------------|---|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input checked="" type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| | |
|--------------------|--|
| TRIBAL RESERVATION | |
|--------------------|--|

| | | | | | | | | | | | | | | | |
|-------------------|----|---|----|---|------|---|---|-------------|----------|-------|---|---|----|----|--------|
| M | M | D | D | Y | Y | Y | Y | TIME (2400) | COUNTY # | MILES | N | E | IN | OF | CITY # |
| DATE OF COLLISION | 07 | - | 27 | - | 2016 | | | 1820 | 31 | | | | | | 0664 |

| | | |
|--------------------------|--|--|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input checked="" type="checkbox"/> | NON-INTERSECTION <input type="checkbox"/> |
| LUNDEEN PKWY | | BLOCK NO. <input checked="" type="checkbox"/> 9800 |
| | | MILE POST |

| | | | | |
|----------|-------|---|---|--------------------------------|
| DISTANCE | MILES | N | E | OF (REFERENCE OR CROSS STREET) |
| | | S | W | VERNON RD |

| | | | | |
|---------|---|--------------------------------------|--|---------------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE D: 4255121301 |
|---------|---|--------------------------------------|--|---------------------|

| | | | | | |
|-----------|----------|------------|---------|----------------|---|
| LAST NAME | KOUMAROS | FIRST NAME | BRANDON | MIDDLE INITIAL | M |
|-----------|----------|------------|---------|----------------|---|

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|--------------------|-----------------|
| STREET NEW ADDRESS | 7729 29TH PL NE |
|--------------------|-----------------|

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|------|------------|----|----|-----|-----------|
| CITY | MARYSVILLE | ST | WA | ZIP | 982706828 |
|------|------------|----|----|-----|-----------|

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|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | | |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | KOUMABM051NB | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 08 | - | 02 | - | 1995 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | AXK6045 | STATE | WA | VIN# | JT2MX63E8E0039734 |
|-----------------|---------|-------|----|------|-------------------|

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|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------|------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | 1984 | MAKE | TOYT | MODEL | CRE4D | STYLE | 4D | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|

REGISTERED OWNER INFO. BRANDON KOUMAROS 7729 29TH PL NE MARYSVILLE WA 98270

| | | |
|---|-------------------------|--------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | ALLSTATE 917454068 |
|---|-------------------------|--------------------|

| | | | | |
|--|------------|-----------|--------|------------------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CITATION # | 6Z0800365 | CHARGE | FAILURE TO YIELD |
|--|------------|-----------|--------|------------------|

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|---------|---|--------------------------------------|-------------------------------------|---|--|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|

| | | | | | |
|-----------|---------|------------|----------|----------------|---|
| LAST NAME | SCHERER | FIRST NAME | JENNIFER | MIDDLE INITIAL | M |
|-----------|---------|------------|----------|----------------|---|

| | |
|--------------------|------------------|
| STREET NEW ADDRESS | 11103 23RD PL NE |
|--------------------|------------------|

| | | | | | |
|------|--------------|----|----|-----|-----------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982588415 |
|------|--------------|----|----|-----|-----------|

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|-----|--------------|---|--------------|---|
| CDL | RESTRICTIONS | B | ENDORSEMENTS | L |
|-----|--------------|---|--------------|---|

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|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|
| DRIVER'S LICENSE # | SCHERJM212C2 | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 02 | - | 22 | - | 1979 |
|--------------------|--------------|-------|----|-----|---|-----------------|----|---|----|---|------|

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|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 7 | NATURE OF INJURIES | CHEST PAIN |
|----------------------------------|--------|--------|---|--------|---|-------|---|------------|--------------|---|--------------------|------------|

| | | | | | |
|-----------------|---------|-------|----|------|-------------------|
| LICENSE PLATE # | ASB6722 | STATE | WA | VIN# | JTDKTUD34ED579425 |
|-----------------|---------|-------|----|------|-------------------|

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|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

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|-----------|------|------|------|-------|-------|-------|----|---|----------|---|
| VEH. YEAR | 2014 | MAKE | TOYT | MODEL | YARIS | STYLE | 4H | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|------|------|------|-------|-------|-------|----|---|----------|---|

REGISTERED OWNER INFO. JENNIFER SCHERER 11103 23RD PL NE LAKE STEVENS WA 98258

| | | |
|---|-------------------------|----------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | AMERIPRISE BX0753606 |
|---|-------------------------|----------------------|

| | | |
|--|------------|--------|
| VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|--|------------|--------|

| | | | | | |
|------------------------|------------------|---------------|------|--------|-----------|
| OFFICER'S NAME (PRINT) | P. BASSETT #0142 | BADGE OR ID # | 0142 | AGENCY | WA0311900 |
|------------------------|------------------|---------------|------|--------|-----------|

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4

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FROM TO 5 3 33

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E567524**CASE # **2016-00014652**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|------------------------|--------------------------|--------|----------|-----------|----------|--------|----------|--------|----------|-------|----------|-----------------|---------------------------------|--------------|-----------|--------------------|-------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | MOSER ZACHARY A | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # 27 118TH DR NE LAKE STEVENS WA 982588682 | | | | | | | | | | | | | | SEX M | D.O.B. MMDDYYYY 02 | - | 23 | - | 1996 | |
| PASSENGER | <input checked="" type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | 1 | SEAT POS. | 3 | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | | INJURY CLASS | 1 | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | SEX | D.O.B. MMDDYYYY | - | | - | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | | |

NARRATIVE

Vehicle 2, 3 and 4 were stopped at a crosswalk to let a pedestrian cross Lundeen Pkwy at the roundabout of Vernon Rd/Lake Dr/Lundeen Pkwy. Vehicle 1 did not stop in time to avoid colliding with Vehicle 2. Vehicle 2 then collided with Vehicle 3. Vehicle 3 collided with Vehicle 4.

Driver of Vehicle 1 stated that he was distracted coming into the roundabout, talking with his passenger.

Driver of Vehicle 2 had possible chest and neck injuries and was transported by Fire/Aid.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

| | | | |
|--------------------------------------|-------------|-------------------------------------|------------------|
| P. BASSETT #0142 | | 07-27-16 11:07 PM | |
| INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST. DET | PLA CE SIGNED |
| APPROVED BY R. BROOKS 0013 | | DATE 7/28/2016 5:51:53 AM | |
| BADGE OR ID # | 0142 | ORI # | WA0311900 |
| TIME POLICE DISPATCHED | | 6:22 PM | |
| TIME POLICE ARRIVED | | 6:22 PM | |


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

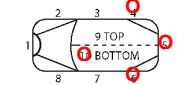

013197

REPORT NO. E567524
CASE # 2016-00014652
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE** **D: 3107092793**
LAST NAME **LAPINSKY** **FIRST NAME** **COREY** **MIDDLE INITIAL** **D**
STREET NEW ADDRESS ☐ **11163 31ST ST NE**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **982588210**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **LAPINC25300** **STATE** **WA** **SEX** **M** **D.O.B.** **MMDDYYYY** **09** - **20** - **1975**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** ☐ **INJURY CLASS** **1** **NATURE OF INJURIES** ☐
LICENSE PLATE # **OUGRAD** **STATE** **WA** **VIN#** **3FADP4EJ4EM217292**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2014** **MAKE** **FORD** **MODEL** **FIESTA** **STYLE** **4H** **VEHICLE TOWED** ☒ **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☒ **YES** ☐ **NO** ☐

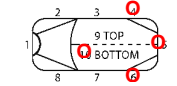
 REGISTERED OWNER INFO. **COREY LAPINSKY 11163 31ST ST NE LAKE STEVENS WA 98258**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **USAA CASUALTY 008964412C7102**
VEHICLE LEGALLY STANDING ☒ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA


UNIT # **4** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** ☒ **YES** ☐ **NO** ☐ **PHONE** **D: 4252329507**
LAST NAME **PRICE** **FIRST NAME** **TOVE** **MIDDLE INITIAL** **G**
STREET NEW ADDRESS ☐ **11109 23RD PL NE**
CITY **LAKE STEVENS** **ST** **WA** **ZIP** **982588415**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **PRICETG473NK** **STATE** **WA** **SEX** **F** **D.O.B.** **MMDDYYYY** **08** - **12** - **1953**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** ☐ **INJURY CLASS** **1** **NATURE OF INJURIES** ☐
LICENSE PLATE # **AOT0865** **STATE** **WA** **VIN#** **1G4HR54K8YU200190**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2000** **MAKE** **BUIC** **MODEL** **LES4D** **STYLE** **4D** **VEHICLE TOWED** ☒ **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** ☒ **YES** ☐ **NO** ☐

 REGISTERED OWNER INFO. **PAUL PRICE 11109 23RD PL NE LAKE STEVENS WA 98258**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **LIBERTY MUTUAL A022689007057068**
VEHICLE LEGALLY STANDING ☒ **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

P. BASSETT #0142
07-27-16 11:07 PM

INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

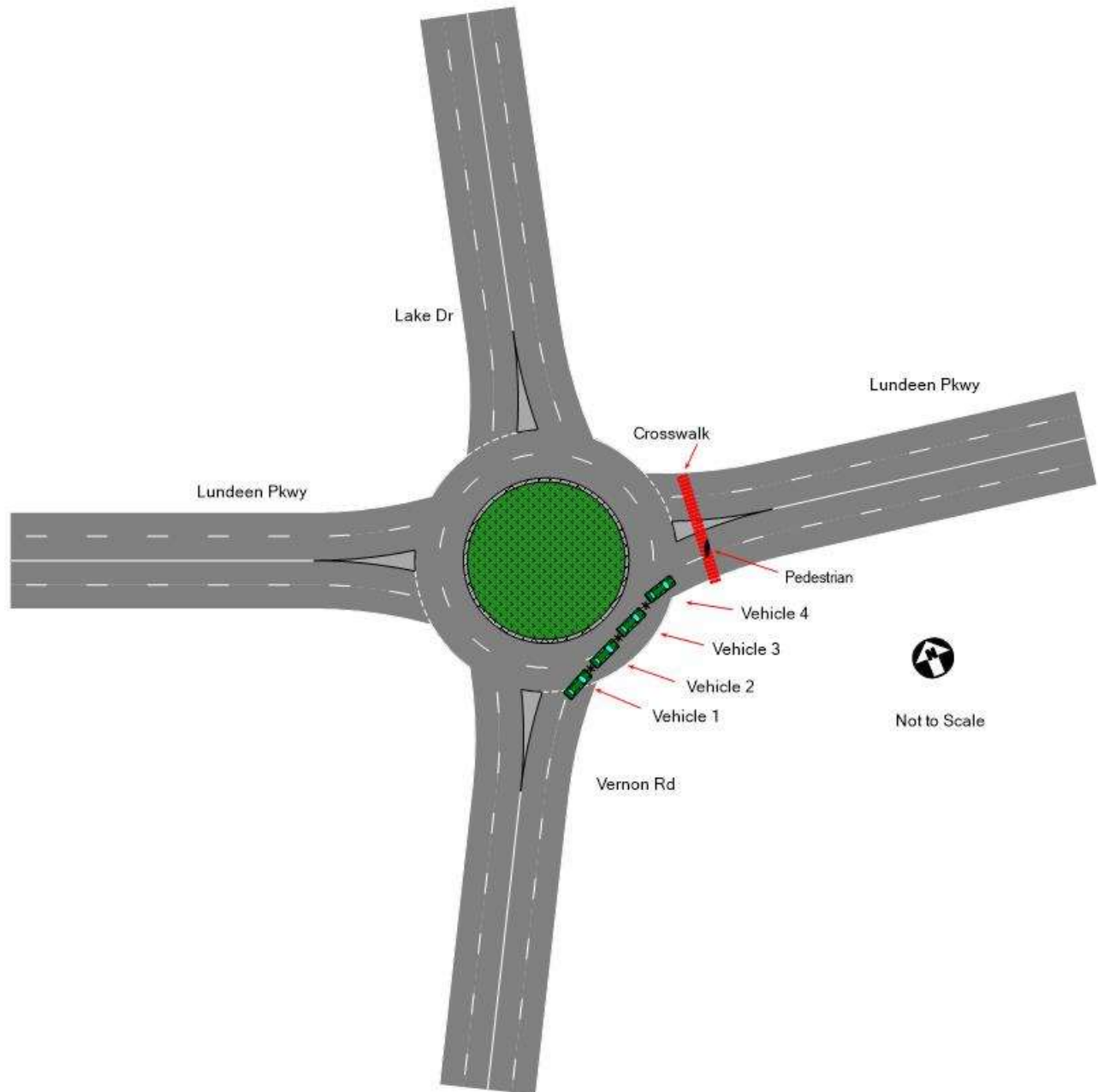
DATED: _____ PLACE SIGNED _____

BADGE OR ID # **0142** **ORI #** **WA0311900** **APPROVED BY** **BROOKS** **DATE** **7/28/2016** **PAGE** **3** **OF** **4**

REPORT NO. E567524

CASE # 2016-00014652

DATE AND TIME
OF COLLISION 07/27/16 18:20





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

| | | | | | | | | | | | |
|--|--|--|--------------------|-----------|----------------------|--|-----------|-------------|--------------|-------------|-------------|
| NAME (LAST, FIRST, MIDDLE) Lapinsky, Corey | | | RACE W | ETHNICITY | SEX M | D.O.B. 09-20-75 | AGE 40 | HGT 6'1" | WGT 201 | HAIR BRN | EYES BLU |
| STREET ADDRESS 11163 31st St NE | | | | | CITY Lake Stevens | | | STATE WA | ZIP 98258 | | |
| HOME PHONE 310-709-2793 | | | CELL PHONE SAME | | | WORK PHONE _____ | | | | | |
| EMAIL ADDRESS (OPTIONAL) CDL20164@hotmail.com | | | | | | PLACE OF EMPLOYMENT City of Seattle | | | | | |
| STATEMENT: | | | | | | | | | | | |

I WAS driving EAST bound on Lander Pl. I entered the roundabout AT Lake Drive. AS I entered the roundabout I observed a female enter the crosswalk. I began to slow then noticed the ~~west~~ vehicle in front of me come to a stop. I stopped then felt a hit from the rear. I then heard a bang AND ^{then} WAS hit A second time from the rear AND pushed into A green buick (lic AOT0865). We then pulled over to the right shoulder. AND waited for the police.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

OFFICER/NUMBER:

07-27-2016

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

| | | | | | | | | | |
|---|-----------|----------------------------|----------------------|-------------------|----------------------------|-------------|------------|---------------|--------------|
| NAME (LAST, FIRST, MIDDLE) Price, Tove G | RACE W | ETHNICITY | SEX F | D.O.B. 8-12-53 | AGE 62 | HGT 5'6" | WGT 215 | HAIR Blond | EYES Blue |
| STREET ADDRESS 11109 23 rd Pl NE | | | CITY Lake Stevens | | | STATE WA | | ZIP 98258 | |
| HOME PHONE — | | CELL PHONE 425-232-9507 | | | WORK PHONE 425-388-9008 | | | | |
| EMAIL ADDRESS (OPTIONAL) paul.tove@gmail.com | | | | | PLACE OF EMPLOYMENT ECC | | | | |

STATEMENT:

I was in the inside lane coming around "Round a bout" at Lundeen Parkway & Lake Dr. when I saw a car stopped in the outside lane merging from Lake Dr to Lundeen. He had stopped for a pedestrian crossing the street. I stopped and the pedestrian continue across. Within a few seconds the car behind me ~~hit~~ hit the back of my car, then the car behind him hit him & a third car ^{hit} him & a fourth car hit that car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Tove Price

DATE SIGNED:

7-27-16

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM

**WITNESS**

□

NON-DISCLOSURE

| | |
|--|--|
| | |
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[illegible]

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

| | | | | | | | | | |
|---|--|---|--|---|--|-------------------------------|--|-------------------------|---|
| INFRACCTION <input checked="" type="checkbox"/> TRAFFIC <input type="checkbox"/> NON-TRAFFIC | | L.E.A. ORI #: WA0311900 | | COURT ORI #: WA031031J | | INFRACCTION #: 620800365 | | REPORT #: 2016-00014652 | |
| IN THE <input type="checkbox"/> DISTRICT <input checked="" type="checkbox"/> MUNICIPAL COURT OF | | MARYSVILLE MUNICIPAL COURT | | LAKE STEVENS | | PLAINTIFF VS. NAMED DEFENDANT | | | |
| <input type="checkbox"/> STATE OF WASHINGTON <input type="checkbox"/> COUNTY OF | | THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON | | | | | | | |
| DRIVER'S LICENSE NO. (SCANNED) | | STATE | EXPIRES | PHOTO ID MATCHED | NAME: LAST | FIRST | MIDDLE | SFX | CDU/CLP |
| K0UMABM051NB | | WA | 08-02-16 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | K0UMAROS | BRANDON | MICHAEL | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| ADDRESS | | 7729 29TH PL NE | | CITY | | MARYSVILLE | | STATE | ZIP CODE |
| | | | | | | | | WA | 982706828 |
| EMPLOYER | | DATE OF BIRTH | | RACE | SEX | HEIGHT | WEIGHT | HAIR | RESIDENTIAL PHONE NO. |
| | | 08-02-95 | | W | M | 5'11" | 205 | BRO | |
| VIOLATION DATE | | 07/27/2016 18:46 | | INTERPRETER NEEDED | AT LOCATION | LUNDEEN PKWY | | M.P. | CITY/COUNTY OF |
| ON OR ABOUT | | 07/27/2016 18:46 | | | REF. TRAFFICWAY | VERNON RD | | BLOCK # | LAKE STEVENS/SNOHOMISH |
| | | | | | | | | 8900 | |
| VEH LIC NO | | STATE | EXPIRES | VEH YR | MAKE | MODEL | STYLE | COLOR | |
| AAX6045 | | WA | 01-28-17 | 1984 | TOYOTA | CREAD | SEDAN 4 DR | BLACK | |
| TR #1 LIC NO | | STATE | EXPIRES | TR YR | | | | | |
| | | | | | | | | | |
| OWNER/COMPANY IF OTHER THAN DRIVER | | ADDRESS | | | | | | | |
| | | CITY | | | | | | | |
| ACCIDENT | | COMMERCIAL | YES | 16+ | YES | HAZMAT | YES | EXEMPT | FIRE |
| NON-INCAPACITAT | | VEHICLE | <input checked="" type="checkbox"/> NO | PASS | <input checked="" type="checkbox"/> NO | | | VEHICLE | LEA |
| VEH SPEED | | IN A | ZONE | SMD | PAGE | AIRCRAFT | DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES | | |
| 1. VIOLATION/STATUTE CODE | | 46.61.180 | | FAIL TO YIELD THE RIGHT OF WAY | | | | | |
| 2. VIOLATION/STATUTE CODE | | PENALTY \$ | | | | | | | |
| 3. VIOLATION/STATUTE CODE | | PENALTY \$ | | | | | | | |
| 4. VIOLATION/STATUTE CODE | | PENALTY \$ | | | | | | | |
| 5. VIOLATION/STATUTE CODE | | PENALTY \$ | | | | | | | |
| RELATED # | | DATE ISSUED | | 07-27-16 | | TOTAL PENALTY \$ | | 187.00 | |
| I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT. | | | | | | | | | |
| OFFICER P. BASSETT #0142 | | # | | 0142 | | OFFICER | | | |
| <input checked="" type="checkbox"/> TICKET SERVED ON VIOLATOR | | <input type="checkbox"/> TICKET REFERRED TO PROSECUTOR | | | | | | | |
| <input type="checkbox"/> TICKET SENT TO COURT FOR MAILING | | NOTICE OF INFRACCTION | | | | | | | |
| | | This is a non-criminal offense for which you cannot go to jail. YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings: TRAFFIC The court will find that you committed the infraction. You may lose your driver's license privilege. Your penalty will be increased. Failure to pay may result in a referral of your case to a collection agency. | | | | | | | |
| | | NON-TRAFFIC The court will find that you committed the infraction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency. | | | | | | | |
| Check one of the 3 boxes to the right, sign, date, and mail this form to: | | MAYRSVILLE MUNICIPAL COURT 1015 STATE AVE MAYRSVILLE WA 98270-4301 | | | | | | | |
| Court contact information: Phone 1: (360)363-8060 | | MAYRSVILLE MUNICIPAL COURT 1015 STATE AVE MAYRSVILLE WA 98270-4301 | | | | | | | |
| Name: | | My mailing address is: (PLEASE PRINT) | | | | | | | |
| Street or PO Box | | Apt: | | | | | | | |
| City: | | State: | | | | | | | |
| Telephone: Home: | | Zip Code: | | | | | | | |
| <input type="checkbox"/> Is interpreter needed? Language: | | Work: | | | | | | | |
| X: | | (SIGNATURE): | | | | | | | |



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

VICTIM ☐ WITNESS ☒

NON-DISCLOSURE

| | | | | | | | | | | | |
|--|--|--|----------------------------|-----------|----------------------|--|-----------|------------|------------|----------------|-----------|
| NAME (LAST, FIRST, MIDDLE) Jacobson, Abigail, E | | | RACE | ETHNICITY | SEX F | D.O.B. 6/20/92 | AGE 24 | HGT 5'7 | WGT 120 | HAIR Blonde | EYES G |
| STREET ADDRESS 2712 Soar Hill Rd | | | | | CITY Lake Stevens | | | STATE | | ZIP | |
| HOME PHONE | | | CELL PHONE 425-418-2848 | | | WORK PHONE | | | | | |
| EMAIL ADDRESS (OPTIONAL) | | | | | | PLACE OF EMPLOYMENT Snohomish school district | | | | | |

STATEMENT:

I was crossing the street at the round about and a ^{green} car stopped for me to go, and then a ^{AXK6045} car hit another ^{ASB6722} car and that car hit another ^{OU6RAB} car ^{cars down} which hit the first ^{ACT0805} car that stopped for me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

OFFICER/NUMBER:

DATE SIGNED:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"